

1

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/257,272	FILING DATE					
APPLICANT(S)													
10-5-07 9-7-04 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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22							72						
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27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13		7				TOTAL IND.						
TOTAL DEP.	148		105				TOTAL DEP.						
TOTAL CLAIMS	161		112				TOTAL CLAIMS						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/257, 272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
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137						
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139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
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189						
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191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/257,272	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							251						
202							252						
203							253						
204							254						
205							255						
206							256						
207							257						
208							258						
209							259						
210							260						
211							261						
212							262						
213							263						
214							264						
215							265						
216							266						
217							267						
218							268						
219							269						
220							270						
221							271						
222							272						
223							273						
224							274						
225							275						
226							276						
227							277						
228							278						
229							279						
230							280						
231							281						
232							282						
233							283						
234							284						
235							285						
236							286						
237							287						
238							288						
239							289						
240							290						
241							291						
242							292						
243							293						
244							294						
245							295						
246							296						
247							297						
248							298						
249							299						
250							300						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

4

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/257,272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
301							351						
302							352						
303							353						
304							354						
305							355						
306							356						
307							357						
308							358						
309							359						
310							360						
311							361						
312							362						
313							363						
314							364						
315							365						
316							366						
317							367						
318							368						
319							369						
320							370						
321							371						
322							372						
323							373						
324							374						
325							375						
326							376						
327							377						
328							378						
329							379						
330							380						
331							381						
332							382						
333							383						
334							384						
335							385						
336							386						
337							387						
338							388						
339							389						
340							390						
341							391						
342							392						
343							393						
344							394						
345							395						
346							396						
347							397						
348							398						
349							399						
350							400						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						